

SOUTH CAROLINA PUBLIC SERVICE COMMISSION
and
SOUTH CAROLINA OFFICE OF REGULATORY STAFF
GROSS RECEIPTS FOR THE TWELVE (12) MONTHS ENDING JUNE 30, 2013
(Please correct preprinted information as required)

_____ Company Name (as shown on Certificate)			_____ FEIN
_____ List d/b/a and/or f/k/a aliases			
_____ Address	_____ City	_____ State	_____ Zip Code
_____ Regulatory Contact	_____ Area Code & Phone Number	_____ E-Mail	

INTRASTATE GROSS RECEIPTS

Revenues Derived Via South Carolina Operations from:

Water Revenues	\$ _____
Sewer Revenues	_____
Electricity Revenues	_____
Natural Gas Revenues	_____
Railroad Revenues	_____
Telecommunications Revenues:	
ILEC (Local Exchange)	_____
CLEC (Competitive Local Exchange)	_____
IXC (Long Distance)	_____
PSP (Payphone Service Provider)	_____
Wireless (Eligible Telecommunications Carrier)	_____
Total Revenues Derived Via South Carolina Operations	\$ _____

Preparer's Signature

Date

Affidavit

State of _____ County of _____

Personally appeared before me _____ who, being duly sworn, says that
he/she is the _____ of _____ (Company) and
that the foregoing statement, for the twelve (12) months ending June 30, 2013, is correctly taken from the
books and records of said Company, and is true to the best of his/her knowledge and belief.

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public

My commission expires _____

Place
Seal
Here

Return completed form to:
South Carolina Office of Regulatory Staff
Attention: Gross Receipts Department
1401 Main Street, Suite 900
Columbia, SC 29201

Failure to timely complete and submit this form
could result in the loss of your license, authority
or certificate to operate in South Carolina.

Return Deadline is August 31, 2013